IPDR6702				NORTH CAROLINA		PA	GE: 1	
RUN DATE:	: 08/14/2005			RS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 08/16/2005 FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
3404901	SMOKY MOUNTAINM	8599	14	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
	H/DD/SAS			BENEFIT PACKAGE.				
		8505	7	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	-	21	73	40
				WI BODGET				
3404904	WESTERN HIGHLAN	8951	151	CLIENT ONLY ENROLLED IN AN INA CTIVE POP GROUP. PLEASE CHECK				
	DS LME			CLIENT ELIGIBILITY AND ENROLLM				
		8599	118	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	21	361	4783	4422
				BENEFIT PACKAGE.				
		8931	20	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404910	PATHWAYS	10	129	DIAGNOSIS OR SERVICE INVALID F				
			-	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
			<del>                                     </del>					
		8599	90	DETAIL NOT COVERED BY COMBINAT	1:	435	7448	6978
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT FACAGE.				
		191	62	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404912	CATAWBA COUNTYM	21	31	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		11	3	CLIENT NOT ELIGIBLE ON SERVICE		39	214	175
				DATE				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	11	6891	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		21	138	DUPLICATE OF CLAIM-SYSTEM	28	7533	7953	420
		8932	138	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
						1		1
3404916	CROSSROADS BEHA	5308	14	PRIOR AUTHORIZED UNITS EXCEEDE				
3404916	CROSSROADS BEHA VIORAL HEAL	5308	14	PRIOR AUTHORIZED UNITS EXCEEDE				
3404916		5308	14	PRIOR AUTHORIZED UNITS EXCEEDE				
3404916		5308	14	PRIOR AUTHORIZED UNITS EXCEEDE D		) 14	41	27
3404916		5308	0	PRIOR AUTHORIZED UNITS EXCEEDE D		) 14	41	27
	VIORAL HEAL	0	0	D		14	41	27
3404916	VIORAL HEAL  CENTERPOINT HUM	5308	0 648	PRIOR AUTHORIZED UNITS EXCEEDE D D DUPLICATE OF CLAIM-SYSTEM		) 14	41	27
	VIORAL HEAL	0	0	D		14	41	27
	VIORAL HEAL  CENTERPOINT HUM	0	0 648	D DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL  CENTERPOINT HUM	0	0	D	2.			27
	VIORAL HEAL  CENTERPOINT HUM	0	0 648	D DUPLICATE OF CLAIM-SYSTEM	2			
	VIORAL HEAL  CENTERPOINT HUM	21 5308	648	DUPLICATE OF CLAIM-SYSTEM  PRIOR AUTHORIZED UNITS EXCEEDE  D	2:			
	VIORAL HEAL  CENTERPOINT HUM	0	0 648	DUPLICATE OF CLAIM-SYSTEM  PRIOR AUTHORIZED UNITS EXCEEDE D  DETAIL NOT COVERED BY COMBINAT	2.			
	VIORAL HEAL  CENTERPOINT HUM	21 5308	648	DUPLICATE OF CLAIM-SYSTEM  PRIOR AUTHORIZED UNITS EXCEEDE  D	2:			
3404917	VIORAL HEAL  CENTERPOINT HUM	21 5308	648	DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  PRIOR AUTHORIZED UNITS EXCEEDE  D  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	2:			
	VIORAL HEAL  CENTERPOINT HUM AN SERVICES  ROCKINGHAM CO M	21 5308	648	D DUPLICATE OF CLAIM-SYSTEM  PRIOR AUTHORIZED UNITS EXCEEDE  D  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	2:			
3404917	VIORAL HEAL  CENTERPOINT HUM AN SERVICES	21 5308	648	DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  PRIOR AUTHORIZED UNITS EXCEEDE  D  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	2.			
3404917	VIORAL HEAL  CENTERPOINT HUM AN SERVICES  ROCKINGHAM CO M	21 5308	648	DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  PRIOR AUTHORIZED UNITS EXCEEDE  D  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	2.			
3404917	VIORAL HEAL  CENTERPOINT HUM AN SERVICES  ROCKINGHAM CO M	21 5308	648	DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  PRIOR AUTHORIZED UNITS EXCEEDE  D  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	2.		2384	

ROVINED	+	HIGH DENIET	NUMBER OF		g	moma-	TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
					<u> </u>			
3404919	GUILFORD CO MEN	21	123	DUPLICATE OF CLAIM-SYSTEM				
	TAL HEALTHC							
			1		1			
		8599	120	DETAIL NOT COVERED BY COMBINAT				
		0399	120		51	312	2762	2450
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	42	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404920		0500	493	DEMATE NOW COURDED BY COMPANY				
3404920	ALAMANCE CASWEL	8599	493	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	141	SEVERE DUPLICATE: SAME ATTD PR	3	822	8224	7402
				OV/PCODE/TOS/DOS/MOD				
		+						
		8000	60	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
	1		1		1			
	+		+		t			
3404921	1	5312	639	PRIOR AUTHORIZED DOLLARS EXCEE	1			
J.UTJZ1	ORANGE PERSON C	JJ14	033		1			
	HATHAM AREA			DED				
	1	24	200	PROCEDURE CODE, PROCEDURE/MODI	-	1222	5019	3797
	1		+	FIER COMBINATION OR PROCEDURE	3	1222	5019	3/9/
	1		1		1	-	-	
			1	CODE/TYPE OF SERVICE COMBINATI	1			
			1					
		21	182	DUPLICATE OF CLAIM-SYSTEM	L	L	<u> </u>	
			1					
	1		1		1			
	1		1	<u> </u>	1		<del> </del>	
3404922		0505	100	CLAIM DENIED DUE TO INSUFFICIE				
3404922	THE DURHAM CENT	8505	129		1			
	ER			NT BUDGET				
			1		1			
		11	98	CLIENT NOT ELIGIBLE ON SERVICE	0	228	649	421
		+		DATE		220	043	421
				Dilla				
		8599	1	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		+						
2404000		0000	0.0	NO DAME AND TARRED ON DATE OF D				
3404923	FIVE COUNTY MH	8000	90	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
		8599	38	DETAIL NOT COVERED BY COMBINAT		179	1353	1174
	1		1	ION OF RECIPIENT, PROVIDER AND	1	179	1353	11/4
	1		1	BENEFIT PACKAGE.	1			
			1	DEREFII PACAGE.				
			1					
		11	35	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
			1	<u> </u>	1			
2404005		0500	425	DETAIL NOT COVERED BY COMBINAT	1			
3404925	SANDHILLS CENTE	8599	425		1			
	R FOR MH/DD		1	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.	L	<u> </u>	<u> </u>	
	1	8952	210	CLAIM DENIED DUE TO AGE RESTRI	104	994	6946	5952
			1	CTIONS FOR TARGET POPULATION	104	224	0346	2232
			+		1			
					1			ļ
			1					
		11	96	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
	1		1		1			
	+		1		1			
		0500	110	DESCRIPTION OF COURSES BY CO.	1			
140405	SOUTHEASTERN RE	8599	110	DETAIL NOT COVERED BY COMBINAT				
3404926	SOUTHEASTERN RE			ION OF RECIPIENT, PROVIDER AND				
3404926	G MENTAL HL	-1	1	BENEFIT PACKAGE.				
3404926			-	1				l
3404926				1	1			l
3404926		21	100	DUDITONE OF CINIM OVOREM			4148	3745
3404926		21	108	DUPLICATE OF CLAIM-SYSTEM	61	403	4140	
3404926		21	108	DUPLICATE OF CLAIM-SYSTEM	61	403	4140	
3404926		21	108	DUPLICATE OF CLAIM-SYSTEM	61	403	4140	
3404926		21	108	DUPLICATE OF CLAIM-SYSTEM	61	403	4140	
3404926					61	403	4140	
3404926		5308	108	PRIOR AUTHORIZED UNITS EXCEEDE	61	403	4140	
3404926					61	403	4140	
3404926				PRIOR AUTHORIZED UNITS EXCEEDE	61	403	4140	

PROVIDER		HIGH DENIAL	NUMBER OF		muo	moma r	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS PAID
3404927		0500	105					
3404927	CUMBERLAND CO M HC	8599	195	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	110			BENEFIT PACKAGE.				
		21	64	DUPLICATE OF CLAIM-SYSTEM				
			0.1	bottacina or canin broadi	0	303	1989	1686
		23	31	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		0	0	0	0
3404930	TOUNGMON, COUNTY	8599	222	DETAIL NOT COVERED BY COMBINAT				
	JOHNSTON COUNTY MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	83	AMTNC INELIGIBLE TO RECEIVE SE	151	396	3925	3529
				RVICES IN IPRS.	151	396	3923	3329
		8935	44	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931	WAKE CO HUM SVC	11	87	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF			DATE				
		21	69	DUPLICATE OF CLAIM-SYSTEM	25	224	975	751
					23	22.	373	751
		8599	30	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0		0	0	0	0
					-		-	-
3404933		8599	0	DETAIL NOT COVERED BY COMBINAT				
3101333	SOUTHEASTERN CT R FOR MH/DD	0000	_	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE		7.0	11.55	1100
				DATE	8	38	1166	1128
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404934	ONSLOW CARTERET	21	422	DUPLICATE OF CLAIM-SYSTEM				
	BEHAV HEAL							
		8599	92	DETAIL NOT COVERED BY COMBINAT	12	584	788	204
				ION OF RECIPIENT, PROVIDER AND	12	554	,00	204
·				BENEFIT PACKAGE.				
		8329	30	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
			-					
		0	0		0	0	0	0
3404936	UNI CON COMPT.	21	1	DUPLICATE OF CLAIM-SYSTEM				
	WILSON-GREENE M ENTAL HEALT		-					
		0	0					
	1	× ·	_		0	1	2	1

				1			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404027		21	73	DUDI TOMBE OF OTATAL OVORBIA				
3404937	EDGECOMBE NASH MNTL HLTH C	21	/3	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		191	4	CLIENT ID NUMBER DOES NOT MATC	0	83	1787	1704
				H PATIENT NAME				
		8599	3	DETAIL NOT COVERED BY COMBINAT				
		0000	-	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE							
		n	n		0	0	0	
			ŭ .		U	U	U	U
3404939	NEUSE MENTAL HE	21	188	DUPLICATE OF CLAIM-SYSTEM				
	ALTH CENTER							
		11	02	CLIENT NOT ELIGIBLE ON SERVICE	1			
		11	82	DATE	0	314	892	578
			<del>                                     </del>		<del> </del>	1		
			<del> </del>	+	1			
		191	25	CLIENT ID NUMBER DOES NOT MATC	1			
				H PATIENT NAME				
-								
2404043		0500	2006	DEBATY NOR COURDED BY COURTY				
3404941	PITT CO MH/DD/S	8599	2006	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	AS CENTER			BENEFIT PACKAGE.				
		21	929	DUPLICATE OF CLAIM-SYSTEM	27	3323	4012	689
		120	107	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
				and a rain canalis				
3404942	ROANOKE CHOWANH	8599	126	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE	10	140	739	599
				RVICES IN IPRS.				
		8932	2	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404943	ALBEMARLE MENTA	21	58	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
					-			
		5404	30	SEVERE DUPLICATE: SAME ATTD PR	***	150	1004	1046
		1		OV/PCODE/TOS/DOS/MOD	42	158	1204	1046
		8935	22	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
					-			
3404944	EASTPOINTE HUMA	11	2	CLIENT NOT ELIGIBLE ON SERVICE	-			
	N SERVICES		<del> </del>	DATE	1			
	3247 2020							
		21	1	DUPLICATE OF CLAIM-SYSTEM	0	3	228	225
					1			
3404946	DOOMUNES OF STREET	21	587	DUPLICATE OF CLAIM-SYSTEM	1			
J.01310	FOOTHILLS AREAM ENTAL HEALT		557	BOLDIGHTE OF CHAIR-SISIEM	-			
	DATAL REALS		<b>—</b>					
		8599	199	DETAIL NOT COVERED BY COMBINAT	29	950	5307	4357
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		142	45	OLITHME TO WINDER NOW ON OWNER	1			
		143	45	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	1			
			<del>                                     </del>		<del> </del>	1		
			<b> </b>		<b> </b>			
	-1	1	1	1	1	1		

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS		FINALIZED	PAID
3404957	TIDELAND MENTAL	21	18	DUPLICATE OF CLAIM-SYSTEM				
	HEALTH CTR							
		11	6	CLIENT NOT ELIGIBLE ON SERVICE	2	29	98	69
				DATE				
		8599	3	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	11	692	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		21	1	DUPLICATE OF CLAIM-SYSTEM	C	693	805	112